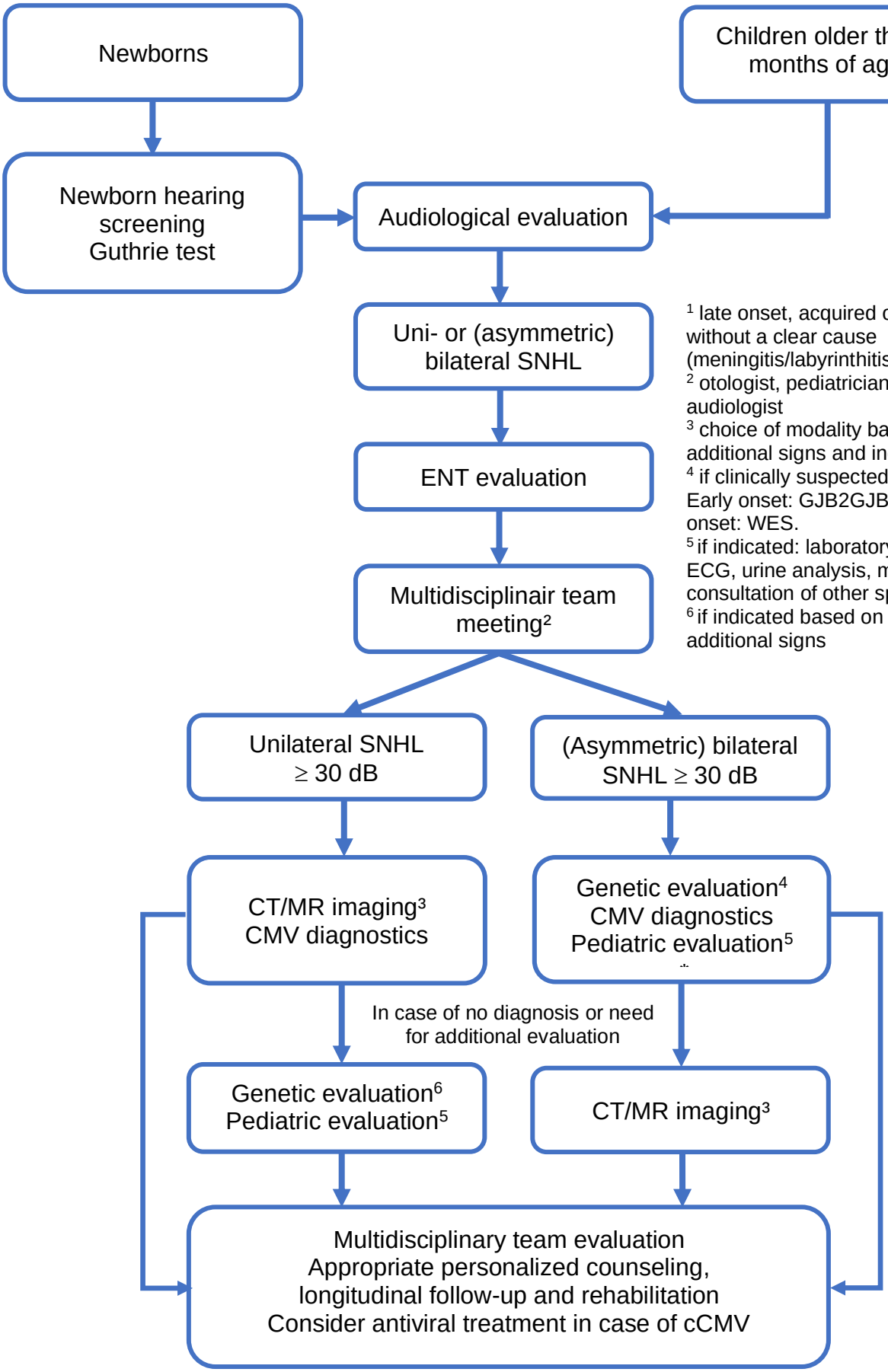

[1] late onset, acquired or progressive SNHL without a clear cause (meningitis/labyrinthitis/trauma)
[2] otologist, pediatrician, clinical genetic, audiologist
[3] choice of modality based on the phenotype, additional signs and indications
[4] if clinically suspected: SLC26A4, USH2A. Early onset: GJB2GJB6. If negative or late onset: WES.
[5] if indicated: laboratory tests, ophthalmology, ECG, urine analysis, metabolic analysis and consultation of other specialists
[6] if indicated based on the phenotype and additional signs